

Liz Kroll, RMC

Township Clerk

TOWNSHIP OF ROCHELLE PARK

Bergen County, New Jersey
151 West Passaic Street
Rochelle Park, NJ 07762
201.587.7730 phone 201.556.0581 Fax
www.rochelleparknj.gov

Joan Herve, RMC Deputy Clerk

Raffle license Instructions for Applicant

(Legalized Games of Chance control Commission – LGCCC)

Please allow a minimum of 14 business days for processing and approval.

Steps to follow for a complete application:

- 1. Include a copy of your current Organizations LGCCC registration certificate (sample attached).
- 2. Note this number on each application top right-hand corner "Identification No."
- 3. The organization name you list on the application under "Part A-General, #1 Name of Organization" must be identical to the organization name on the registration certificate.
- 4. One Application per raffle and (4) copies of each app. Note:

 The last page of EACH application <u>MUST BE</u> original signatures and notarized
- 5. Types of Raffles:
 - a) Tricky Tray = "On Premise Merchandise"
 - b) 50/50 = "On Premise Cash Raffle"
 - c) Calendar Raffle = tickets sold 3 months before event (sample ticket required with applications, see attached)
 - d) **Off-Premise Merchandise** = big ticket item, i.e., motorcycle jewelry piece, etc., where tickets are sold 3 months in advance (sample ticket required with applications, see attached)
 - e) **Off-Premise Cash Raffle** = 50/50 tickets sold 3 months in advance (sample ticket required with applications, see attached)
 - f) Casino Night = gambling tables are rented for the (Form 13 required, obtain from the vendor you are renting the gambling tables from.)
- 6. (2) Check per raffle, in the same amount to the LGCCC & the Township of Rochelle Park.

FEES

On Premise Merchandise & Cash Raffles = \$20 flat fee Off Premise Raffles = \$20.00 per thousand of total retail value of prize(s) Casino Night = \$100 flat fee IN ADDITION to the above raffle fees

Reports After Event:

As required by N.J.S.A. 5:8-37 and N.J.A.C. 13:47-9, you will receive a "Reports of Operations" form, one per license, with your license(s). The report must be filed with the LGCCC no later than the 15th day of the month **following** the conduct of the games/raffle(s).

Any questions, please call the township clerk's office at 201-587-7730

	piikation to	r a Raffles Li	ICENSE Identification N	. RA
Siii	bmit four (4) copies of this appli	cation to the Municipal Clerk's offi	ice in the municipality where the ga	mes will be conducted.
ease pi	rint clearly.			
Nan	ne of municipality:			
art /	v. General	NACONANIE WOODE HEE STORE OF TO THE MENT OF THE STORE OF T		
1.	Name of applying organization	n;		
2a.	Street address of headquarters	16		
b.	Mailing address (if different):	h.		
3.	A license is requested to cond (use a separate application for	uct raffles of the kind stated on the each type of raffle).	he date, or on each of the dates, a	nd during the hours liste
	Date	Hours	Date	Hours
		· · · · · · · · · · · · · · · · · · ·		***************************************
_				
_				
				APPIN Vision and Bridge
4a,	Address of place where raffles	s will be played:		•
	· · · · · · · · · · · · · · · · · · ·			
	Door the applicant own the p	remises or regularly occupy the	m for its general purposes?	Yes 🗆 No
b.	Does the approant own the p		40 - () 4	unlication on Form 12
	, ,	ented, attach a statement by the	raffles equipment lessor to this ar	plication on roth 13.
5.	If raffles equipment is to be re	·	raffles equipment lessor to this ap	•
5. And he it	If raffles equipment is to be re B. Schedule of Expenses ems of expense intended to be	e incurred or paid in connectio	n with the games listed in this ap	plication, the names a
5. And he it	If raffles equipment is to be re B - Schedule of Expenses ems of expense intended to be sses of the persons to whom e	e incurred or paid in connectio ach item is to be paid, and the p	on with the games listed in this appurpose for which each item is to	plication, the names at be paid, are:
5. And he it	If raffles equipment is to be re B. Schedule of Expenses ems of expense intended to be	e incurred or paid in connectio	on with the games listed in this appurpose for which each item is to	plication, the names a
5. And he it	If raffles equipment is to be re B - Schedule of Expenses ems of expense intended to be sses of the persons to whom e	e incurred or paid in connectio ach item is to be paid, and the p	on with the games listed in this appurpose for which each item is to	plication, the names a be paid, are:
5. And he it	If raffles equipment is to be re B - Schedule of Expenses ems of expense intended to be sses of the persons to whom e	e incurred or paid in connectio ach item is to be paid, and the p	on with the games listed in this appurpose for which each item is to	plication, the names a be paid, are:
5. And he it	If raffles equipment is to be re B - Schedule of Expenses ems of expense intended to be sses of the persons to whom e	e incurred or paid in connectio ach item is to be paid, and the p	on with the games listed in this appurpose for which each item is to	plication, the names a be paid, are:
5. And he it	If raffles equipment is to be re B - Schedule of Expenses ems of expense intended to be sses of the persons to whom e	e incurred or paid in connectio ach item is to be paid, and the p	on with the games listed in this appurpose for which each item is to	plication, the names a be paid, are:
5. And he it	If raffles equipment is to be re B - Schedule of Expenses ems of expense intended to be sses of the persons to whom e	e incurred or paid in connectio ach item is to be paid, and the p	on with the games listed in this appurpose for which each item is to	plication, the names a be paid, are:
5. And he it	If raffles equipment is to be re B - Schedule of Expenses ems of expense intended to be sses of the persons to whom e	e incurred or paid in connectio ach item is to be paid, and the p	on with the games listed in this appurpose for which each item is to	plication, the names a be paid, are:
5. Para he it	If raffles equipment is to be re B - Schedule of Expenses ems of expense intended to be sses of the persons to whom e	e incurred or paid in connectio ach item is to be paid, and the p	on with the games listed in this appurpose for which each item is to	plication, the names a be paid, are:

Part C - Schedule of Purposes			PONTALAN PARAMETER KAN PARAMETER KAN PARAMETER
The specific purpose(s) to which the entire net proceed manner in which they are to be so devoted, are:	s of the games listed	in this appli	cation are to be devoted, and the
If any part of the net proceeds are to be devoted to a pover to another organization which is exclusively devoexecutive officer to the following certificate:	ourpose allowed by ted to such purposes	the Raffles Li s, secure the	censing Law by turning the same signature of its president or other
"It is hereby certified that			
			4
will accept from the licensee any part of the net procee	ds of the games liste	d in this app	lication to be turned over to it."
Date:	Signature:		
Part D - Schedule of Prizes			
A description of all prizes to be offered and given in all of describe the article and state the retail value; if prizes are t sible the information requested below.	the games listed in the object of the definition of the definition of the games and the games are the games and the games are th	nis application ate that fact a	on is as follows. For merchandise, and estimate as accurately as pos-
Description of Prize	Donated (Yes or No)	Retail value
		□ No	
		□ No	
	🗖 Yes	□ No	
We write the second of the sec	Pes	□ No	
		□ No	***************************************
	Pes	□ No.	
		□ No	Market and the second s
		□ No	
		□ No	
		□ No	Note that the same decorate and the same and
	□ Yes	□ No	
	☐ Yes	□ No	
	\textsup Yes	□ No	No
	Yes	□ No	
		[™] No	
	☐ Yes	□ No	
		□ No	***************************************
	☐ Yes	□ No	
The state of the s	Pes	□ No	
	☐ Yes	□ No	
		□ No	
		☐ No	

1) Office	Name of officer		Age
Residence address	Telephone No. (inc	dude area code)	
	Day	Evening	
2) Office	Name of officer		Age
Residence address	Telephone No. (inc	clude area code)	
	Day	Evening	
3) Office	Name of officer		Age
Residence address	Telephone No. (inc		
	Day	Evening	
4) Office	Name of officer		Age
Residence address	Telephone No. (inc		
rt F - Members of Applicant who will be	,	Evening	
Name of member in charge	Residence address	Telephone No. (include area code) Day / Evening	Age
			•
rt G - Members of Applicant who will a		THE CONTRACT OF THE CONTRACT O	
Name of member		Residence address	Age ——
rt H - Names of other organizations wh		cting the games	
Name and address of orga	nization	How related Identification	n No.
	······································		

Pa	rt L- Statement of Applicant and member(s) in charge	en protesta de la composition de la co	
Sta	te of New Jersey		
Co	unty of		
We	e do hereby each make the following statement, under oath	, wit	th respect to the foregoing application:
1.	The applicant (is) (is not) limited in its activities to the furtherance of one or more authorized purposes as defined in the Raffles Licensing Law.	5.	For each occasion for which a license is sought, one or more of the members listed who are familiar with the Raffles Licensing Law and the Rules and Regulations, will be in full charge of,
2,	rior to the issuance of any license to it to conduct games f chance, the applicant was actively engaged in serving ne or more "authorized purposes."		and primarily responsible for, the conduct of the games. No commission, salary, compensation, reward or recompens will be paid to any person for holding, operating or conductin
3.	The applicant has received and used, and in good faith expects to continue to receive and use, to further one or more authorized purposes, funds from sources other than games of chance.		or assisting in the holding, operation or conducting, of the games, except to bookkeepers or accountants for professional services not exceeding the amounts fixed by the Schedule of Fees, as well as the compensation for the Licensed
4.	The conduct of the games on the occasion or occasions for which this application is made will be to raise and devote the entire net proceeds to the authorized purpose described in the application.		Compensated Workers pursuant to <u>N.J.A.C.</u> 13:47-6A. No prize may be offered and given in cash, except as otherwise provided by the Raffles Licensing Law (<u>N.J.S.A.</u> 5:8-50 et seq.). If a cash prize under certain circumstances is permitted by the law, the amount of the cash prize may not exceed the limits prescribed by the Raffles Licensing Law.
		7.	All statements in the foregoing application are true.
Sw	orn and subscribed to before me thisday of	Signa	ature of Officer and Title
****	No. O. U. C. Constant	Signa	ature of Member-in-Charge
	Notary Public (Print name)	Sign	ature of Member-In-Charge
	Signature of Notary Public	Sign	ature of Member-in-Charge
	AFFIX SEAL HERE	Signa	ature of Member-in-Charge

If more space is needed in any section of this application, insert extra sheets of paper.

ursuant to N.J.S.A. 5:8-6, a Legalized Games of Chance Control Commission Registration is hereby issued to:

Effective date: 08/19/2014

Expiration date:

08/19/2016

Registration identification: 204-10-29945

William B Mawhinney Memorial Ambulance Corps Inc

970 GUFFLE RD

HAWTHORNE, NJ 07506



New Jersey Office of the Attorney General Division of Consumer Affairs Legalized Games of Chance Control Commission Registration

Name of organization on application and license must be the same as it appears on this registration. This Registration Certificate may only be utilized by the above named organization.

Mail to: WILLIAM B MAWHINNEY MEMORIAL AMBULANCE CORPS INC

970 GUFFLE RD

HAWTHORNE, NJ 07506

Steven P. Layman, Acting Secretary Legalized Games of Chance Control Commission

Sample



Ticket

Ticket#	City		Sta Telepho	one Nun	nber	P code	
	NJ LGCC	. — — —		on# 	IVIUNI: 	cipal R	· · · · · · · · · · · · · · · · · · ·
Price of Ticket	Purpose to which entire "No substitution of the o and no cash will be gi	Date of Drawing	Location	List of Prizes		Name of C	NJ LGCCC Identification #
Ticket #	Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made and no cash will be given in lieu of the prize."	Time of Drawing	Location of Drawing	Retail Values		Name of Organization	Municipal RL #

contact the office of Legalized Games of Chance Control Commission at (973) 273-8000. This sample ticket must be attached to the Application for Municipal Raffle License and submitted to the municipality listed above must be contained on your printed ticket. If you require assistance with your ticket, please This illustration is provided for your convenience. While the form of the ticket may vary, the information

Sumple

Off Premises Raffle Awarding Cash N.J.A.C. 13:47-8.8

Stub

Ticket

Ticket#			·	Name Address			
##	(City	Tal	State		ZIP cc	de
	NJ LG	CCC Id		ephone Nun		nicipal	RL#
Price of Ticket	Purpose to which entire "No substitution of the off	Date of Drawing	Location C	This is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate	50	Name of C	NJ LGCCC Identification #
Ticket #	Purpose to which entire proceeds will be devoted "No substitution of the offered prize may be made."	Time of Drawing	Location of Drawing	I his is a 50/50 cash raffle and the winner will receive 50% of the amount received for all tickets or rights to participate	50/50	Name of Organization	Municipal RL #

ticket must be attached to the Application for Municipal Raffle License and submitted to the municipality. contact the office of Legalized Games of Chance Control Commission at (973) 273-8000. This sample listed above must be contained on your printed ticket. If you require assistance with your ticket, please This illustration is provided for your convenience. While the form of the ticket may vary, the information

ANTHONY SCHOOL CALENDAR RAFFLE

Beginning on January 8, 2014 and ending on March 26, 2014 To be conducted by St. Anthony Home & School Association

Drawing to be held at St. Anthony's School every Wednesday at 8:15 a.m.

If gambling is a problem for you or someone in your family, dial 1-800-GAMBLER

	<u>ن</u>	30	\$400	28	27	26
25	24	23	\$200°	21	20	19
18	17	16	\$200	14	<u>.</u>	12
=======================================	10	ဖ	\$100 ⁸	7	o,	ō
4	ယ	2				
Şŧ	70	7		4	M	S
)14	January 2014	Janı		,

			<u>*</u>		P		
							-
_							
				7			
				\$400			
		臼	30	29	28	27	26
	1						

30	23 24 25	16 17 18	9 10 11	2 3		LMS	3
	5 \$700	\$200	\$200	⁴ \$100	`	M	March 2014
	0 26	0 19	೦ ನ	O 5			20
	27	20	13	ø		∵Th∵	14
	28	12	44	7		F	
	29	23	15	œ	_	St	

23 24	16 17	9 10	2	S
4 25	7 18	0 11	4.	
\$400	19 \$200	\$200	\$100 ⁵	E S
27	20	13	ത	3
28	21	11.	7	ਜ
	22	15	03	Ş

\$3,000.00 IN PRIZES! 12 Chances to Wini



City/Zip:

\$10.00 Donation

Donation to benefit St. Anthony School

ID #: 204-5-22653

Ticket #:

License #:

or backbacks	Winner will be notified by phone, mail,	tickets are eligible for all drawings.	Tickets may win more than once. All
--------------	---	--	-------------------------------------

substitutions of
of the offerec

ST. ANTHONY SCHOOL. Your donation is tax deductible to the extent allowed by law.	*Please make your check payable to
ַ בַּייַ הַ	Ę
· ~ + X	
· 8 \	: 4
aw.	leck bo
. 9	₹
tible to the	able to

PLEASE RETURN this stub to	during raffle.	School at 8:15 a.m. on Wednesdays	ordwing to be held at at. Attitiony's
70		Inesdays	annony 2

010	Donna	/ald ×
	Donna Mallory by December 20,	* PLEASE RETURN this stub to
	γď	C R
	Decen	4 this
	ber	curs
	20	す

Name:

	Address:
The second secon	

Grade of person selling:	Salesperson:

#:	
204-5-22653	

Donation: \$10.00 License #:

Ticket #: